

IF THE PAGE FILMED IS NOT AS LEGIBLE AS THIS LABEL, IT IS DUE TO THE QUALITY OF THE ORIGINAL.

Exd
4/2/74

		POTENTIAL HAZARDOUS WASTE SITE IDENTIFICATION AND PRELIMINARY ASSESSMENT		REGION VI	SITE NUMBER (to be assigned by RGP) TX01121
<p>NOTE: This form is completed for each potential hazardous waste site to help set priorities for site inspection. The information submitted on this form is based on available records and may be updated on subsequent forms as a result of additional inquiries and on-site inspections.</p> <p>GENERAL INSTRUCTIONS: Complete Sections I and III through X as completely as possible before Section II (Preliminary Assessment). File this form in the Regional Hazardous Waste Log File and submit a copy to: U.S. Environmental Protection Agency, Site Tracking System, Hazardous Waste Enforcement Task Force (EN-332) 401 M St., SW, Washington, DC 20460.</p>					
I. SITE IDENTIFICATION TXD 980 349 761					
A. SITE NAME Phillips Petroleum Co. - Freeport Term		B. STREET (or other identifier) Quintana Road			
C. CITY Freeport		D. STATE TX	E. ZIP CODE 77541	F. COUNTY NAME Brazoria	
G. OWNER/OPERATOR (if known) 1. NAME L. H. Vautrain Phillips Petroleum Co.				2. TELEPHONE NUMBER (713) 233-2181	
H. TYPE OF OWNERSHIP <input type="checkbox"/> 1. FEDERAL <input type="checkbox"/> 2. STATE <input type="checkbox"/> 3. COUNTY <input type="checkbox"/> 4. MUNICIPAL <input checked="" type="checkbox"/> 5. PRIVATE <input type="checkbox"/> 6. UNKNOWN					
I. SITE DESCRIPTION Ship terminal for Sweeny Refinery and Petrochemical Complex - landfill, storage pile, tank bottoms, landfarm.					
J. HOW IDENTIFIED (i.e., citizen's complaint, OSHA citation, etc.) Eckhardt List - Ed McHam TDWR - Tom Kearns				K. DATE IDENTIFIED (Month, Day, & Year) 11-20-79 5-20-80	
L. PRINCIPAL STATE CONTACT 1. NAME Daniel L. Scheppers				2. TELEPHONE NUMBER (512) 475-1344	
II. PRELIMINARY ASSESSMENT (complete this section last)					
A. APPARENT SERIOUSNESS OF PROBLEM <input type="checkbox"/> 1. HIGH <input type="checkbox"/> 2. MEDIUM <input type="checkbox"/> 3. LOW <input checked="" type="checkbox"/> 4. NONE <input type="checkbox"/> 5. UNKNOWN					
B. RECOMMENDATION <input checked="" type="checkbox"/> 1. NO ACTION NEEDED (no remedy) <input type="checkbox"/> 2. IMMEDIATE SITE INSPECTION NEEDED <input type="checkbox"/> 3. SITE INSPECTION NEEDED <input type="checkbox"/> 2. TENTATIVELY SCHEDULED FOR: _____ <input type="checkbox"/> 4. SITE INSPECTION NEEDED (low priority)					
C. PREPARER'S INFORMATION 1. NAME Caroline Reynolds, Underground Resource Mgmt. 2. TELEPHONE NUMBER (512) 328-0081 3. DATE (Month, Day, & Year) 12-2-83					
III. SITE INFORMATION					
A. SITE STATUS <input checked="" type="checkbox"/> 1. ACTIVE (These industrial or commercial sites which are being used for waste treatment, storage, or disposal on a continuing basis, even if under remedy.) <input type="checkbox"/> 2. INACTIVE (These sites which no longer receive wastes.) <input type="checkbox"/> 3. OTHER (Specify: _____) (These sites that include such incidents like "airtight drumming" where no regular or continuing use of the site for waste disposal has occurred.)					
B. IS GENERATOR ON SITE? <input type="checkbox"/> 1. NO <input checked="" type="checkbox"/> 2. YES (Specify generator's four-digit SIC Code: 2911)					
C. AREA OF SITE (in acres) 153 - facility 0.85 - disposal area		D. IF APPARENT SERIOUSNESS OF SITE IS HIGH, SPECIFY COORDINATES 1. LATITUDE (deg-min-sec.) 28° 56' 08" 2. LONGITUDE (deg-min-sec.) 95° 20' 07"			
E. ARE THERE BUILDINGS ON THE SITE? <input type="checkbox"/> 1. NO <input checked="" type="checkbox"/> 2. YES (Specify: storage facilities)					

REVIEWED BY: WJG/M
 DATE: 10/10/79

SUPERFUND FILE

JUN 15 1992

REOR/ANIZED

Continued From Front

IV. CHARACTERIZATION OF SITE ACTIVITY											
Indicate the major site activity(ies) and details relating to each activity by marking 'X' in the appropriate boxes.											
<input checked="" type="checkbox"/> 1	A. TRANSPORTER		<input checked="" type="checkbox"/> 1	B. STORER		<input checked="" type="checkbox"/> 1	C. TREATER				
<input checked="" type="checkbox"/> 2	<input checked="" type="checkbox"/> 1 RAIL		<input checked="" type="checkbox"/> 2	<input checked="" type="checkbox"/> 1 PILE		<input checked="" type="checkbox"/> 3	<input checked="" type="checkbox"/> 1 FILTRATION				
<input checked="" type="checkbox"/> 3	<input checked="" type="checkbox"/> 2 SHIP		<input checked="" type="checkbox"/> 3	<input checked="" type="checkbox"/> 2 SURFACE MOUNDMENT		<input checked="" type="checkbox"/> 4	<input checked="" type="checkbox"/> 2 INCINERATION				
<input checked="" type="checkbox"/> 4	<input checked="" type="checkbox"/> 3 BARGE		<input checked="" type="checkbox"/> 4	<input checked="" type="checkbox"/> 3 DRUMS		<input checked="" type="checkbox"/> 5	<input checked="" type="checkbox"/> 3 VOLUME REDUCTION				
<input checked="" type="checkbox"/> 5	<input checked="" type="checkbox"/> 4 TRUCK		<input checked="" type="checkbox"/> 5	<input checked="" type="checkbox"/> 4 TANK, ABOVE GROUND		<input checked="" type="checkbox"/> 6	<input checked="" type="checkbox"/> 4 RECYCLING/RECOVERY				
<input checked="" type="checkbox"/> 6	<input checked="" type="checkbox"/> 5 PIPELINE		<input checked="" type="checkbox"/> 6	<input checked="" type="checkbox"/> 5 TANK, BELOW GROUND		<input checked="" type="checkbox"/> 7	<input checked="" type="checkbox"/> 5 CHEM./PHYS. TREATMENT				
<input checked="" type="checkbox"/> 7	<input checked="" type="checkbox"/> 6 OTHER (specify):		<input checked="" type="checkbox"/> 7	<input checked="" type="checkbox"/> 6 OTHER (specify):		<input checked="" type="checkbox"/> 8	<input checked="" type="checkbox"/> 6 BIOLOGICAL TREATMENT				
						<input checked="" type="checkbox"/> 9	<input checked="" type="checkbox"/> 7 WASTE OIL REPROCESSING				
						<input checked="" type="checkbox"/> 10	<input checked="" type="checkbox"/> 8 UNDERGROUND INJECTION				
						<input checked="" type="checkbox"/> 11	<input checked="" type="checkbox"/> 9 SOLVENT RECOVERY				
						<input checked="" type="checkbox"/> 12	<input checked="" type="checkbox"/> 10 OTHER (specify):				
E. SPECIFY DETAILS OF SITE ACTIVITIES AS NEEDED											
See attached page.											
V. WASTE RELATED INFORMATION											
A. WASTE TYPE											
<input type="checkbox"/> 1 UNKNOWN <input type="checkbox"/> 2 LIQUID <input checked="" type="checkbox"/> 3 SOLID <input type="checkbox"/> 4 SLUDGE <input type="checkbox"/> 5 GAS											
B. WASTE CHARACTERISTICS											
<input type="checkbox"/> 1 UNKNOWN <input type="checkbox"/> 2 CORROSIVE <input type="checkbox"/> 3 IGNITABLE <input type="checkbox"/> 4 RADIOACTIVE <input type="checkbox"/> 5 HIGHLY VOLATILE											
<input type="checkbox"/> 6 TOXIC <input type="checkbox"/> 7 REACTIVE <input type="checkbox"/> 8 INERT <input type="checkbox"/> 9 FLAMMABLE											
<input checked="" type="checkbox"/> 10 OTHER (specify): Putrescible, biodegradable											
C. WASTE CATEGORIES											
1. Are records of waste available? Specify items such as manifests, inventories, etc. below.											
S. W. Registration, Ind. SH Inventory, TDWR Manifests											
2. Estimate the amount (specify unit of measure) of waste by category; mark 'X' to indicate which wastes are present.											
A. SLUDGE		B. OIL		C. SOLVENTS		D. CHEMICALS		E. SOLIDS		F. OTHER	
AMOUNT	AMOUNT	AMOUNT	AMOUNT	AMOUNT	AMOUNT	AMOUNT	AMOUNT	AMOUNT	AMOUNT	AMOUNT	AMOUNT
None	Unknown	None	None	None	30	None	None	None	None	None	None
UNIT OF MEASURE	UNIT OF MEASURE	UNIT OF MEASURE	UNIT OF MEASURE	UNIT OF MEASURE	UNIT OF MEASURE	UNIT OF MEASURE	UNIT OF MEASURE	UNIT OF MEASURE	UNIT OF MEASURE	UNIT OF MEASURE	UNIT OF MEASURE
	Gallons				yd ³ /day						
<input checked="" type="checkbox"/> (1) PAINT, PIGMENTS	<input checked="" type="checkbox"/> (1) OILY WASTES	<input checked="" type="checkbox"/> (1) HALOGENATED SOLVENTS	<input checked="" type="checkbox"/> (1) ACIDS	<input checked="" type="checkbox"/> (1) FLYASH	<input checked="" type="checkbox"/> (1) LABORATORY PHARMACEUT.						
(2) METALS SLUDGES	(2) OTHER (specify):	(2) NON-HALOGENATED SOLVENTS	(2) PICKLING LIQUORS	(2) ASBESTOS	(2) HOSPITAL						
(2) POTW		(2) OTHER (specify):	(2) CAUSTICS	(2) MILLING/MINE TAILINGS	(2) RADIOACTIVE						
(2) ALUMINUM SLUDGE			(2) PESTICIDES	(2) FERROUS (SMLTS. WASTES)	(2) MUNICIPAL						
(2) OTHER (specify):			(2) DYES/INKS	(2) NON-FERROUS (SMLTS. WASTES)	(2) OTHER (specify):						
			(2) CYANIDE	X (2) OTHER (specify):							
			(2) WENGLS	Plant trash							
			(2) HALOGENS	1-3 yd ³ /day							
			(2) PCB	wood/timber							
			(2) METALS								
			(2) OTHER (specify):								

Continued From Page 2

V. WASTE RELATED INFORMATION (Continued)				
1. LIST SUBSTANCES OF GREATEST CONCERN WHICH MAY BE ON THE SITE (place in descending order of hazard).				
Leaded tank bottoms, Petroleum and petrochemical wastes.				
4. ADDITIONAL COMMENTS OR NARRATIVE DESCRIPTION OF SITUATION KNOWN OR REPORTED TO EXIST AT THE SITE.				
VI. HAZARD DESCRIPTION				
A. TYPE OF HAZARD	B. POTENTIAL HAZARD (Mark 'X')	C. ALLEGED INCIDENT (Mark 'X')	D. DATE OF INCIDENT (Mo., day, yr.)	E. REMARKS
1. NO HAZARD	X			
2. HUMAN HEALTH				
3. NON-WORKER INJURY/EXPOSURE				
4. WORKER INJURY				
5. CONTAMINATION OF WATER SUPPLY				
6. CONTAMINATION OF FOOD CHAIN				
7. CONTAMINATION OF GROUND WATER				
8. CONTAMINATION OF SURFACE WATER				
9. DAMAGE TO FLORA/FAUNA				
10. FISH KILL				
11. CONTAMINATION OF AIR				
12. NOTICEABLE ODORS				
13. CONTAMINATION OF SOIL				
14. PROPERTY DAMAGE				
15. FIRE OR EXPLOSION				
16. SPILLS/LEAKING CONTAINERS/RUNOFF/STANDING LIQUIDS				
17. SEWER, STORM DRAIN PROBLEMS				
18. EROSION PROBLEMS				
19. INADEQUATE SECURITY				
20. INCOMPATIBLE WASTES				
21. MISHANDLING DUMPING				
22. OTHER (specify):				

Continued From Front

VII. PERMIT INFORMATION			
A. INDICATE ALL APPLICABLE PERMITS HELD BY THE SITE.			
<input checked="" type="checkbox"/> 1. NPDES PERMIT	<input type="checkbox"/> 2. SPCC PLAN	<input checked="" type="checkbox"/> 3. SW (SEE PERMIT (specify):	Air, Water (01852), Solid waste
<input checked="" type="checkbox"/> 4. AIR PERMITS	<input type="checkbox"/> 5. LOCAL PERMIT	<input checked="" type="checkbox"/> 6. RCRA TRANSPORTER	(30059)
<input type="checkbox"/> 7. RCRA STORER	<input type="checkbox"/> 8. RCRA TREATER	<input type="checkbox"/> 9. RCRA DISPOSER	
<input type="checkbox"/> 10. OTHER (specify):			
B. IN COMPLIANCE?			
<input type="checkbox"/> 1. YES <input type="checkbox"/> 2. NO <input checked="" type="checkbox"/> 3. UNKNOWN			
C. WITH RESPECT TO (list regulation name & number):			
VIII. PAST REGULATORY ACTIONS			
<input type="checkbox"/> A. NONE <input checked="" type="checkbox"/> B. YES (summarize below)			
Solid waste registration 30059 issued; wastewater discharge permit No. 01852			
IX. INSPECTION ACTIVITY (past or on-going)			
<input type="checkbox"/> A. NONE <input checked="" type="checkbox"/> B. YES (complete items 1, 2, 3, & 4 below)			
1. TYPE OF ACTIVITY	2. DATE OF PAST ACTION (Mo., Day, & Yr.)	3. PERFORMED BY (EPA/State)	4. DESCRIPTION
Solid waste	July 24, 1974	TDWR	recommended granting SW permit.
X. REMEDIAL ACTIVITY (past or on-going)			
<input checked="" type="checkbox"/> A. NONE <input type="checkbox"/> B. YES (complete items 1, 2, 3, & 4 below)			
1. TYPE OF ACTIVITY	2. DATE OF PAST ACTION (Mo., Day, & Yr.)	3. PERFORMED BY (EPA/State)	4. DESCRIPTION
NOTE: Based on the information in Sections III through X, fill out the Preliminary Assessment (Section II) information on the first page of this form.			

IF THE PAGE FILMED IS NOT
AS LEGIBLE AS THIS LABEL,
IT IS DUE TO THE QUALITY
OF THE ORIGINAL.

E. SPECIFY DETAILS OF SITE ACTIVITIES AS NEEDED

This is a petroleum storage terminal where large quantities of petroleum and refined petroleum products are stored. Primary waste is runoff and ballast water which is treated and released under TWC Permit No. 01852 (corresponds to NPDES Permit No. TX0007528). Oil skimmed from wastewater is landfarmed. There is no mention of leaded gasoline or benzene, xylene, or toluene containing petroleum products. There is no documented on-site hazardous waste disposal, and no further action is recommended at this time.



Photographer / Witness

Lisa Montgomery/Mike Ford

Date / Time / Direction

3/8/84 / 0930 / NE

Comments landfill area.; active



Photographer / Witness

Lisa Montgomery/Mike Ford

Date / Time / Direction

3/8/84 / 0940 / SW

Comments oil skimmer pond built
for the old plant; actively used
by the new facility.

Photographer / Witness

Date / Time / Direction

Comments _____